

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1									
2		1									
3		1									
4											
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46	1										
47											
48											
49											
50											
TOTAL IND.	1		1		1		1		1		
TOTAL DEP.	40	1	1	1	1	1	1	1	1	1	
TOTAL CLAIMS	40	1	1	1	1	1	1	1	1	1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS